

**Recipient Committee
Campaign Statement
Cover Page**
(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

FILED

CALIFORNIA 460	
2001/02 FORM	
Statement covers period from <u>07/01/02</u>	Date of election if applicable: (Month, Day, Year) <u>11/05/02</u>
through <u>09/30/02</u>	CITY OF <u>SANTA MARIA</u> BY: <u>B. Winkler</u> City Clerk
SEE INSTRUCTIONS ON REVERSE	

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee Ballot Measure Committee
- State Candidate Election Committee Primarily Formed
- Recall Controlled
- (Also Complete Part 5) Sponsored
- General Purpose Committee Primary Formed Candidate/
Officeholder Committee
(Also Complete Part 6)
- Sponsored Small Contributor Committee
- Political Party/Central Committee Political Party/Central Committee
(Also Complete Part 7)

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Alice Patino for City Council

Treasurer(s)

NAME OF TREASURER

Tom Martinez

MAILING ADDRESS

2450 Professional Pkwy., Suite 220

CITY Santa Maria STATE CA ZIP CODE 93455 AREA CODE/PHONE 805-346-8407

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY Santa Maria STATE CA ZIP CODE 93455 AREA CODE/PHONE 805-346-8407

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on Oct 7 2002
Date Oct 7, 2002

By B. Winkler
Signature of Treasurer or Assistant Treasurer

Executed on _____
Date _____

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

**CALIFORNIA 460
FORM**

Page 2 of 11

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE Alice Patino	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) City Council, City of Santa Maria RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP 2450 Professional Pkwy., Suite 220, Santa Maria CA 93455
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Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF TREASURER	STREET ADDRESS (NO P.O. BOX)
CITY	STATE	ZIP CODE	AREA CODE/PHONE	COMMITTEE ADDRESS
COMMITTEE NAME	I.D. NUMBER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF TREASURER	STREET ADDRESS (NO P.O. BOX)
CITY	STATE	ZIP CODE	AREA CODE/PHONE	COMMITTEE ADDRESS

6. Ballot Measure Committee

NAME OF BALLOT MEASURE Identify the controlling officeholder, candidate, or state measure proponent, if any.	BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT			

7. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Alice Latino for City Council

SUMMARY PAGE
CALIFORNIA FORM 460

Statement covers period from <u>07/01/02</u>	to <u>09/30/02</u>
through	
Page <u>3</u> of <u>11</u>	

I.D. NUMBER
1227669

Contributions Received

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 6709.00	\$ 7734.00
2. Loans Received	Schedule B, Line 3 \$ 0.00	\$ 0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 6709.00	\$ 7734.00
4. Nonmonetary Contributions	Schedule C, Line 3 \$ 0.00	\$ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 6709.00	\$ 7734.00

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 2641.92	\$ 3252.49
7. Loans Made	Schedule H, Line 3 \$ 0.00	\$ 0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 2641.92	\$ 3252.49
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$ 0.00	\$ 0.00
10. Nonmonetary Adjustment	Schedule C, Line 3 \$ 0.00	\$ 0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 2641.92	\$ 3252.49

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 1671.57	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	Column A, Line 3 above \$ 6709.00	\$ 6709.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ 1.93	\$ 1.93
15. Cash Payments	Column A, Line 8 above \$ 2641.92	\$ 2641.92
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 5740.58	\$ 5740.58

If this is a termination statement, Line 16 must be zero.

**Since January 1, 2001. Amounts in this section may be
different from amounts reported in Column B.*

17. LOAN GUARANTEES RECEIVED

Schedule B, Part 2
\$ 0.00

Cash Equivalents and Outstanding Debts

\$ 0.00

\$ 0.00

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A
CALIFORNIA 460
FORM

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alice Patino for City Council

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/01/02	Edward J. Murray P.O. Box 6780 Santa Maria, CA 93456	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investment broker Morgan Stanley	100.00	100.00	G02 100.00
07/03/02	Betty Dowling 1106 Via Mavis Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	G02 100.00
07/03/02	L.F. Ludwig 2386 Glacier Ln. Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	G02 100.00
07/03/02	Laguna Village Shopping Center P.O. Box 3418 San Luis Obispo, CA 93403	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	G02 250.00
07/03/02	Linda Williams 525 Calle Cuervo Arroyo Grande, CA 93420	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	G02 100.00
				SUBTOTAL \$	650.00	

Schedule A Summary

1. Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 5750.00
2. Amount received this period – unitemized contributions of less than \$100 \$ 959.00
3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 6709.00**

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)
CALIFORNIA FORM 460

NAME OF FILER	Statement covers period from <u>07/01/02</u> through <u>09/30/02</u>	Page <u>5</u> of <u>11</u>	
		I.D. NUMBER <u>1227669</u>	
Alice Patino for City Council			

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/12/02	Betty Suits Tibbs, M.D. 345 W. Waller Ave. Santa Maria, CA 93455	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	G02 100.00
07/12/02	James D. Glines 1435 Genoa Way Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Banker Community Bank of SM	100.00	100.00	G02 100.00
07/12/02	Joni Gray 853 Via Esmerelda Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	County Supervisor Santa Barbara County	100.00	100.00	G02 100.00
07/12/02	Kathryn C. Williams 731 E. Church St. Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Kathryn Williams Realty	100.00	100.00	G02 100.00
07/12/02	Samuel N. Blakeslee 1163 Pismo St. San Luis Obispo, CA 93401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Financial planner Blakeslee & Blakeslee	250.00	250.00	G02 250.00
				SUBTOTAL \$	650.00	

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)
CALIFORNIA 460
 FORM

NAME OF FILER	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Alice Patino for City Council						
07/12/02	Sempra Energy 101 Ash St. San Diego, CA 92101	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		400.00	400.00	G02 400.00
07/12/02	Joe Centeno for Supervisor (#1238073) 403 St. Andrews Way Santa Maria, CA 93455	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G02 500.00
07/12/02	Steve Will 2849 Lorencita Dr. Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Union Asphalt, Inc.	500.00	500.00	G02 500.00
07/22/02	Union Asphalt, Inc. P.O. Box 1280 Santa Maria, CA 93456	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G02 500.00
07/24/02	Foxenwood Builders & Developers 1136 W. McCoy Ln. Santa Maria, CA 93455	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G02 500.00
SUBTOTAL \$						2400.00

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

NAME OF FILER		Statement covers period from <u>07/01/02</u> through <u>09/30/02</u>		CALIFORNIA 460 FORM	
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				ID. NUMBER <u>1227669</u>	
Alice Patino for City Council					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
07/29/02	R.H. Tesene P.O. Box 727 Santa Maria, CA 93456	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00
08/12/02	Eloy Renfrow 1035 E. Battles Rd. Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Santa Maria Ford	250.00	250.00
08/19/02	Maretti & Minetti Ranch Co. P.O. Box 939 Guadalupe, CA 93434	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00
09/12/02	Olivera Investment Co. P.O. Box 1947 Santa Maria, CA 93456	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00
09/26/02	Carl W. Engel, Jr. 415 Wisteria Dr. Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Engel & Gray, Inc.	250.00	250.00
				SUBTOTAL \$	1050.00

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

SCHEDULE A (CONT.)

CALIFORNIA FORM 460

NAME OF FILER	Alice Patino for City Council	Page <u>8</u> of <u>11</u>
through	09/30/02	I.D. NUMBER
		1227669

*Contributor Codes	
IND – Individual	
COM – Recipient Committee (other than PTY or SCC)	
OTH – Other	
PTY – Political Party	
SCC – Small Contributor Committee	

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Alice Patino for City Council

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications
CNS	campaign consultants	MTG	meetings and appearances
CTB	contribution (explain nonmonetary)*	OCF	office expenses
CVC	civic donations	PET	petition circulating
FIL	candidate filing/ballot fees	PHO	phone banks
FND	fundraising events	POL	polling and survey research
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LIT	campaign literature and mailings	PRT	print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Santa Maria City Clerk 110 E. Cook St. Santa Maria, CA 93454	FIL		1600.00
Benedetti & Assoc. CPA, Inc. 2151 S. College Dr., Suite 101 Santa Maria, CA 93455	PRO		108.50
Hancock College Boosters, Inc. Joe White Memorial Fund P.O. Box 1238 Nipomo, CA 93444	CVC		150.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)
2. Unitemized payments made this period of under \$100
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)

\$ 2498.47
\$ 143.45
\$ 0.00
\$ 2641.92

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Alice Patino for City Council

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.
CNS	campaign consultants
CTB	contribution (explain nonmonetary)*
CVC	civic donations
FIL	candidate filing/ballot fees
FND	fundraising events
IND	independent expenditure supporting/opposing others (explain)*
LEG	legal defense
LIT	campaign literature and mailings

CODE	DESCRIPTION
MBR	member communications
MTG	meetings and appearances
OFC	office expenses
PET	petition circulating
PHO	phone banks
POL	polling and survey research
POS	postage, delivery and messenger services
PRO	professional services (legal, accounting)
PRT	print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CA Voter Guide (#595004) 1658 W. Carson St. Suite 454 Torrance, CA 90501	LIT			500.00
Graphic Systems 403 N. "G" St. Lompoc, CA 93436	CMP			139.97

SCHEDULE E (CONT.)

CALIFORNIA FORM 460

Statement covers period
from 07/01/02 through 09/30/02

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1227669

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 639.97

